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DR. HOWE'S IMPROVED SURGICAL APPARATUS.

[Concluded from page 237.]

THE first use I made of the posterior splint (fig. 4), in a simple fracture of the leg, was in the case of Mrs. J. Cutter, who, on the 3d of January, 1826, slipped from the door-step and fractured both bones of the leg at the lower third. The fracture was reduced in half an hour after, and the splint applied. On account of her experiencing considerable pain, moderate extension was made from the ankle by a suspended weight, and continued 24 hours, which gave instant relief; the pain did not recur after removing the extension. After this she was allowed to leave her bed daily, and to sit in her chair with her leg placed over a convenient stool. Feb. 4th. A perfect union.

The success of this case induced me to continue a similar but sometimes modified practice in all subsequent fractures of the leg. And I am gratified to learn that equal success has attended the use of this apparatus by those who have condescended to give it a fair trial. A few cases with which my friends have kindly favored me, will sufficiently illustrate the advantages of this splint, without adding others in my own practice.

Extract of a Letter from James Batcheller, M.D., of Marlborough. —"E. Cudworth had a fracture of the tibia and fibula about four inches above the ankle-joint, with much displacement. I applied your *posterior-concave* splint, and the result exceeded my most sanguine expectations. The patient was enabled to leave his bed every day; on the 17th from the accident, by the aid of crutches, he walked to his neighbor's, some sixty or seventy rods. No displacement occurred. I removed the splint about the thirty-fifth day; union of the fracture, and free from deformity."

"Lemuel Parker, nine years of age. Fracture of his leg. I applied your splint, as in the above case, with equal success. He was removed from the bed to his chair whenever he desired it, every day. Splint removed 30th day. The fracture well united and free from deformity."

Dr. B.'s expressions of high commendation of this splint are he omitted.

Extract of a Letter from Asahel D. Shurtleff, M.D., of Rindge.— "I have used your posterior-concave splint in a case of the fracture of the tibia and fibula. David Howe, of Rindge, on the 15th of Nov.,

1831, fell from a waggon and fractured his leg about four inches below the knee-joint. I applied your splint; he was able to get about his room on crutches and sit in his chair during the treatment; I did not see him but three times after the first dressing; the limb is perfect.

"I have also used your method of the treatment of fractures of the femur by the pulley and weight, with success. I think the patient suffers much less pain by this than by other methods, as one patient informed me that he had not lost an hour's sleep from pain."

From Silas Cummings, M.D., of Fitzwilliam.—"The first case in which I used your apparatus was that of a man aged 50 years, Feb. 6th, 1827. This was a fracture of the tibia. I applied the wooden splint the first weeks of treatment, and afterwards the sole-leather boot. He sat in his chair every day after the third; he had a leg as sound and as good as the other in a short time.

"Mr. N. White, aged 60, on the 20th of Jan., 1830, fell from his carriage and broke the tibia and fibula near their middle. This was treated entirely according to your directions, with the wooden boot, or posterior splint, which I procured of you. The patient was taken from his bed the second day, and sat in his chair very comfortably every day afterwards; his recovery was unusually rapid. My last visit to him was the 14th of Feb. The leg was perfect, with the exception of being a little straighter than the other.

"I have since had many similar cases, which I have treated in the same way, with equal success. Have in all these cases permitted my patients to leave their beds daily."

From S. L. Richardson, M.D., of Jaffrey.—"I have made use of your apparatus for the fracture of the leg in three cases. G. U., of this town, received a fracture of the tibia and fibula, Oct. 30th, 1837. I applied your paste-board boot. D. Walton, Nov. 8, fractured his leg at the lower third; used the sole-leather boot. N. Thompson; fracture of the tibia about four inches above the ankle joint, and fibula at the same place, and again three or four inches above. These patients were allowed to sit up when they pleased—and went about the house with crutches from some time in the course of the first week. Limbs all straight and perfect."

"I have used your composition splint in two cases of the fracture of the radius and dislocation of the ulna forward, with the most perfect success."

FRACTURE OF THE FORE-ARM.

The apparatus for the fracture of the arm is a composition, above alluded to, of paper and cloth, formed on moulds of the shape of the limb, including the hand. When dry and covered with a sufficient coat of varnish, it forms a flexible and convenient *case* for the arm.

Application.—Wrap a piece of cotton cloth around the arm; over this, on either side, place a longitudinal compress to preserve the interosseous space, and over these apply the splint, which may be confined by bandage or elastic tapes.

In the *fracture* of the *radius* and *dislocation* forward of the *ulna*, a

firm compress should be placed under the lower extremity of the latter bone, to support it in its place. The latter accident is one of frequent occurrence, yet we rarely find it alluded to by authors.

When a person falls and throws out his hand, he receives the impetus upon the radius, which, if fractured near its lower extremity, is turned back, while the ulna not being resisted in its direction ruptures the ligaments which confined it to the radius. It is important here to fulfil two indications—viz., to bring down or forward the inferior fragment of the radius, and retain it in a line with the superior; and to support the ulna in its place on the radius. To effect this double object, I have contrived the instrument (fig. 5) called the *ulna supporter*. In its application, the expanded end is placed over a sufficient compress or splint, on the inferior end of the radius, and the pad, *b*, of the screw of the other end is to be placed, anteriorly, on the lower extremity of the ulna. The screw is now turned, which forces the ulna upwards, while it depresses the radius. By turning down the thumb-nut, *c*, the screw is fixed in the slide. To prevent accidental displacement of the instrument, a tape, fixed in the loop hole of the radial end, may be tied to the other, near the screw. When the instrument is thus fixed on the wrist, the arm cannot be rotated, and no further apparatus and dressings will be needed, unless it be to give support to the arm in a sling. The pressure of the instrument will cause no irritation, if sufficient compresses be used, before it is applied. No bandage is required in this case, nor can it be used in fractures of the fore arm or of the leg unless over splints sufficient to prevent its causing the approximation of the bones.

FIG. 5.

Fig. 5.—*a*, the radial end. *b*, the ulna pad. *c*, the thumb-nut to fix the screw in the slide.

Another suggestion may not be wholly unimportant, especially to junior practitioners, viz., that there should be extreme caution in the use of bandages in cases of fractures of the upper extremities of aged persons. Any restraint to the motion of the fingers and to the vascular circulation of the arm, will cause the hand and fingers to swell, their ligaments to become rigid, and often ossific deposits to be made in their joints. Similar evils will follow the use of the *wedge* in fractures of the clavicle. The contractions of the muscles are weak in aged persons, and there would not often be much deformity in the fractures of their superior extremities, if the necessary apparatus were loosely applied; and even if there were a little deformity, it would be far better for the patient than the effects of an opposite practice. The flexible splint above described, or one of similar form made of leather or other suitable material, could be used in such cases, so as to give all desirable support to the limb, without causing these pernicious effects.

DISLOCATIONS.

In cases where considerable force becomes necessary in the reduction of luxations of the humerus, and in all cases of the femur, Sir Astley

Cooper prefers the pulley to manual assistance, as the force of extension exerted by the former is gradual and unyielding, while that of the latter is unsteady, uncertain, and, after a short time, diminishing. It is well known that muscles will resist rough and unsteady extension, while by a gradual, and even less force, they may be soothed into a compliance.

In dislocations of the humerus into the axilla, the case would be very rare when any other force would be required in its reduction than could be exerted by the surgeon in the manner practised by Sir Astley. At least I have never found one which was not easily reduced by laying the patient on his back, placing my heel or foot in the axilla, and making extension from the wrist, during the many years I have adopted this method. In addition to Sir Astley's directions, I have usually requested the patient to take hold of the elbow with his other hand and draw it to his side. This has the double operation of diverting the mind of the patient from the extended muscles, and of making a lever of the humerus to bring it into its place.

But some cases of luxations may occur to every surgeon, where his best-directed efforts will fail of success without the aid of additional force. In such cases, I would suggest the expediency of not calling in the aid of manual assistance, when he can avail himself of the advantages of the mechanical powers.

By the *rachet-wheel windlass* (fig. 1) any desirable force can be exerted, and with more facility than by pulleys. It can be used when the patient is placed in any convenient posture. The following, perhaps, would be the most practicable:—place the patient on his back on a bed, and screw the machine to the foot-piece of the bed; split a piece of firm cloth or leather, through which the arm is to be passed, so as to have one part apply to a cushion in the axilla, and the other, made somewhat shorter, to the acromion; connect this to a strap fixed to the head-board; wrap a towel round the arm above the elbow, over which fix another towel or any convenient band, to which the cord of the machine is to be connected. Everything being adjusted, make the extension in a slow and gradual manner, directing the patient at the same time to pull at something with the other arm, or to attempt to draw his elbow to his side, thereby making of it a lever—the cushion in the axilla being the fulcrum over which it would act. If the bone does not return to its place, let the extension remain the same for some minutes, while the muscles are soothed by gentle friction. Again carry the extension further; at the same time direct the patient to attempt to rise, or change his position by placing his body in a greater angle with the extended humerus, when the reduction will probably be immediately effected, but not with the usual report, therefore care should be taken that extension be discontinued when the head of the bone is carried over the edge of the socket. When the luxation is forward or backward, we have only to vary the direction of the extension, as would be proper by other methods.

It will be perceived that by this machine the surgeon, as is very desirable, does all that is, or ought to be done, in his own time; possessing the power and facility by mechanical and constitutional means of com-

manding success; for while extension is continued he may administer medicine or let blood if necessary. And what is not unworthy the consideration of the surgeon, it would be more for his credit to have alone performed the operation, than to have been a mere director of the manual force which had accomplished it.

This machine would be equally useful in other luxations requiring considerable extending power—especially in that of the femur. No other rules need be given for the use of it in this case, than is given above and in the books, for effecting reduction by the pulleys.

But one case of luxation of the os femoris has fallen to my care, which I was able to reduce without a recourse to forcible extension. This occurred about 20 years since, when the late Prof. Nathan Smith's account of the reduction of a similar dislocation was fresh in my recollection. It was a luxation upwards on the dorsum ilii. The method by which Dr. Smith ultimately succeeded in his case, after fruitless attempts by extension, was the one by which I had determined to attempt reduction; but that I might be prepared for a failure, towels and bands were applied as usual, with assistants ready to make any extension which might be found necessary. The patient was permitted to lie on his back on the bed where I found him, the knee of the luxated limb turned in and over the other. I raised the knee in the direction it inclined to take, which was towards the breast of the opposite side, till the descent of the head of the bone gave an inclination of the knee outwards, when I made use of the leg, being at right angle with the thigh, as a lever to rotate the latter and turn the head of it inwards. It then readily returned to its socket, with an audible snap. During this operation the two assistants who had been placed to make the lateral extension and counter-extension, if ultimately required, were directed to draw moderately at their towels. How much of the success of the operation is to be imputed to their extension, and the rotation of the thigh by the leg, I am unable to determine; but as Dr. Smith succeeded without the aid of either, and as the head of the femur seemed to descend by an easy and natural process, I am inclined to believe that all that is necessary in such cases, is to elevate the knee, when the ilium, the muscles attached to it, and perhaps the ligaments, become the natural fulcrum, over which the thigh, as a lever, acts to bring the head down and inwards into the socket. Indeed it would be in vain to attempt to bring the head of the bone into its place until it had presented itself to the socket, by any power whatever, as was fully illustrated in the case recorded in the French Lancet and elsewhere. In this case of dislocation of the thigh, dating seven months and a half, after powerful and continued extension for several days, and "when the head of the femur was brought down to a level with the acetabulum, the extended force was suspended, and the two assistants having bent the leg on the thigh, were directed to rotate the latter from without inwards; during this manœuvre the femur was broke across at the lower third."

SEMI-CIRCULAR TOURNIQUET.

Having procured an engraving of this instrument, we are induced to

subjoin it to the above, although it belongs to another branch of surgery. The cut accurately illustrates its construction and application. *a*, the posterior pad, the screw of which is fixed in the slide by a thumb-nut; *c*, a similar thumb-nut to fix the screw of the arterial pad, *b*, in the slide, after the requisite pressure has been made by turning it down. The slides render the instrument applicable to limbs of various sizes. Straps may be fixed in the cross-fissures of its extremities, which being buckled round the limb will prevent accidental displacement.

It will be readily perceived that the operation of this instrument would be to effectually compress the artery on which the arterial pad is applied, and to leave the circulation of all the other vessels of the limb unimpeded. Hence hemorrhage could be suppressed by it for a long time when the appropriate operation is necessarily delayed. In the operation of amputation, it may be found convenient, and preferable to any other in cases where suitable assistants cannot be obtained. In all cases of secondary hemorrhage, it would be found very useful. It can be applied higher on the femoral artery, than any other tourniquet; even above Poupart's ligament on the external iliac. In the latter case the posterior pad would lie on the sacrum. Aneurism might, probably, in some cases be cured by its application, and in cases of punctured arteries, it might be prevented. Pressure by suitable compress and bandage would here be required, over the aneurismal or punctured part, while the circulation in the artery would be restrained by the use of the instrument higher up. This instrument, or a modification of it, might, perhaps, be successfully applied to varicose veins of the extremities.

These suggestions have not been dictated by a practical use of the instrument, and they will be received accordingly; but if it has merits, they will be discovered and appreciated by the profession.

Jaffrey, N. H., May, 1840.

SPINAL IRRITATION.

BY T. GLYSSON, M.D., OF WILLIAMSTOWN, VT.

[Communicated for the Boston Medical and Surgical Journal.]

Dr. Atkins, of West Amesbury, under date of Dec. 25, 1839, has called upon those of the profession, having had experience in this disease, to "take it up and discuss it at large," and then propounds the follow-

ing questions for their consideration :—" What is the nature, the principal causes, and best mode of treatment, of spinal irritation?" In relation to the nature of this malady, I have ever regarded it a kind of inflammation existing both in a chronic and acute form, partaking much of the nature of that kind of rheumatism called by Dr. Tully Arthritis Rheumatalgia, variety neuralgica, and located in the motive and sensitive nerves, and those portions of the medulla spinalis giving origin to those nerves. In regard to its principal causes, I am well convinced that tight lacing, in the female, is the most frequent; though other causes exist, such as injuries to the spinal column, and long confinement from sickness, and mainly in subjects of strumous habit. I would not say that in every case of tight lacing, this disease is found to exist; but that it does exist, with greater or less degree of severity, in as large a proportion as nineteen twentieths of those who practise this immoderately, I think is pretty certain. I am well persuaded that tight lacing, in the female class, has a greater or less degree of agency in almost every case of spinal irritation. I have had some experience in the treatment of this disease, and have met with many cases which were very perplexing. But most of them, by dint of perseverance in the course of medication which will be illustrated in the case I now offer, have had a favorable termination. How many cases I have had I could not now tell, but I believe I have never witnessed but one fatal termination. I find it a disease extremely liable to recur in the same subject, unless a great degree of pains is taken in its management during the convalescing stage. The method of treatment which I have always adopted is nothing new nor original with me. I have found some cases to yield to the same remedies, by a great degree of patience in perseverance, which otherwise refused to be controlled.

The following case came under my care last fall, and I would here remark that in December I had another as near like it as any two cases I ever saw, in different subjects. The first referred to was a female of strumous habit, and in my opinion was caused wholly by tight lacing. The latter was a male, and came on in consequence of frequent and protracted attacks of chronic hepatitis. That spinal irritation has its place of location in the nervous system, and that it is, in its incipient stage, confined to the sensitive nerves, and after becoming more general, the motive nerves are to a greater or less extent affected, I think is quite evident from the symptoms and the nature of the remedies which may be said to be peculiarly adapted to the disease.

Miss L. M., eve of Nov. 7, 1839, was attacked very suddenly with pain and distress of the severest kind in the left side, directly under the margin of the floating ribs, darting up to the shoulder, with numbness of the left superior extremity. There was much severe, darting pain into the posterior cervical, occipital, and through to the frontal regions of the head, with redness and tenderness of the eyeballs, and tenderness of the scalp. Her distress extended through the whole system, inferior extremities and all. There was but little tenderness of the bowels, though it was excessive through the gastric, hepatic and sternal regions. Occasionally some spasms of the extremities, with much numbness and cold-

ness. At the commencement of each paroxysm there would be much difficulty of breathing, considerable sinking, and a sensation approaching that of faintness. Pulse, pretty soon after my arrival, was but slightly affected, and about 70 in a minute. At the time of my arrival she was just recovering from a severe paroxysm, the first of the kind, and which very much alarmed the family, as it came on very suddenly and went through its stages with considerable rapidity. Truly alarming was it to them, for they had never before witnessed anything of the kind. But to me it was not so. They gave me a hurried description of what they had witnessed, and insisted on my giving something immediately, as they were fearful that should she have another one as severe, she would not be able to endure it. I replied that we should never hastily act, for fear that we should do something wrong; and quieted their fears by telling them that, undoubtedly, she would soon have another, that there was no danger, and assured them that no pains should be spared in determining the true nature of the disease; the best remedies should be selected, and if I had any skill, they should most certainly receive the benefit of it. During the examination they became satisfied that I understood the case, and would soon be able to afford relief. My attention was first directed to the spinal region, where I found a high degree of inflammation (though a greater degree in some localities than in others) from the 4th cervical to the 2d lumbar vertebra. At certain localities I found it very severe; as the last cervical, the third, fourth, seventh and eighth dorsal, and last between the first and second lumbar vertebræ. The slightest pressure at either of these points would bring on the whole train of symptoms from which she suffered during the paroxysm occurring previous to my arrival. I examined the spine with a very great degree of care, and notwithstanding this she was thrown into a paroxysm, though not so severe as the first, nor of so long duration, for under the influence of a pretty liberal dose of hyoscyamus, conjoined with acet. morph., she soon became comfortable. A very slight degree of pressure over the last cervical vertebra would produce severe lancinating, darting pains through the occipital, frontal and parietal regions; pressure over the 3d and 4th dorsal would produce similar pains through the gastric, hepatic and sternal regions, and an extreme degree of sinking and fainting; pressure over the 7th and 8th dorsal, and the 2d lumbar vertebræ, produced severe darting pains through the region of the kidneys and throughout the pelvis, and considerable numbness through the extremities, and spasms.

She now declared the fact that she had suffered from many of these symptoms, in a greater or less degree, for upwards of four or five months, though her parents were ignorant of it. She had suffered some from leucorrhœa and its attending symptoms, which were, at this time, gaining ground upon her. Monthly turns were irregular as to their appearance and severity. I first bled her to the amount of about 8 ounces, and then applied small blisters over those parts of the spinal region named above. Applied strong tartar-emetic ointment to the inferior sternal region. Gave powders prepared from morphine, camphor and prot. merc. to be taken once in 5 hours. The dose consisted of about ¾ of a grain of mor-

phine, 2 grains of camphor and 1 of prot. merc. Also gave her about 3 grain doses of hyoscyamus, to be taken about two hours and a half after each dose of the powder, and ordered effervescing powders to be taken as often as she might choose. I should state that she has been habitually costive, and on this account ordered her to take castor oil about the middle of the day of the 8th, and if no operation in the evening to repeat the dose once in 6 hours until it should operate.

Owing to other engagements I did not see her again until the 10th. During this period she had had four or five paroxysms, though each was less severe than the preceding ones. The blisters were some time in filling, and discharged but little, and had nearly healed up, and her mouth is beginning to be slightly affected by the prot. merc. Physic operated favorably. I have no doubt that, had she not at this time been suffering from strangury and suppression of urine, she would be very comfortable. All of the medicines are continued as before, except that she is to take the powders and pills once in four hours instead of five. Give spts. nitre.

Nov. 12. To-day very comfortable, except a slight pain in the side; is otherwise entirely free. The strangury had mostly subsided. The inflammation throughout the spinal region had lessened considerably. The second set of blisters filled remarkably well and discharged freely. The ointment is producing a fine crop of pustules at the inferior sternal region. Medicines are continued in conjunction with dry cupping over the superior portion of the dorsal region and superior portion of the sternal region.

14. Continues to improve, and medicines operate to advantage and are continued.

16. Not so well—had two paroxysms during the night of the 15th, in consequence of the appearance of her monthly turns, and the strangury has returned with more severity that before. She is, however, quite comfortable this morning to what she was through the night. Continue the powders and pills, and give an infusion of uva ursi with digitalis to control the strangury and palpitation of the heart, which is pretty severe at this time. Mouth is pretty sore, and on this account discontinue the prot. merc. Apply blister over the hepatic region.

17. Quite comfortable. Pain and strangury have mostly abated, and she feels quite encouraged, and begins to talk of being around the house in the course of a week. Continue cupping.

18. Very comfortable, though complaining of slight pain in the left side, but still not so much since the dressing of the blister, which filled well and discharged considerable. Has not suffered much from sinking and faintness, since day before yesterday, and feels stronger and can sit up better. To-day there is but little inflammation existing in the spinal region, and the second set of blisters have been healed up. Soreness of the mouth has abated considerably. Tart. emet. ointment is doing its duty, and she thinks it affords her much relief. Continue medicines. Apply, also, a pretty good-sized blister to the superior dorsal, and another to the superior portion of the lumbar region, and direct her to take bal. copaiba, as she does not seem to gain much of her leucorrhœal

affection. Take, also, two blue pills once in six hours until they operate.

19. Improving in every respect. Blisters have filled well, and physic operated favorably. Discontinue tart. emet. ointment for a few days. Continue all other medicines.

20. Still improving. Mouth is nearly well. Has some appetite, and is able to sit up about an hour. Not much tenderness about the spine. Continue all medicines except uva ursi and digitalis, and for the latter substitute wine of the seeds of colchicum for the palpitation.

22. Convalescent beyond a doubt, and the family are agreeably disappointed, as they now consider a recovery pretty certain.

26. Continues to improve, though not very rapidly. Continue all medicines as before. Re-apply the tart. emet. ointment.

December 1. During the 27th, 28th and 29th Nov. about stationary, but to-day considerably better, is able to be about the house some. Pretty much free from pain, and strength is considerable, yet not very strong. She feels much encouraged, and I continue all medicines and direct her to take of them until she gets the usual amount of strength. Direct her to keep up the use of the tart. emet. ointment so long as there is the slightest pain and tenderness of the spinal, gastric and hepatic regions.

May, 1840.

MEDICAL ITEMS FROM THE WEST.

[Communicated for the Boston Medical and Surgical Journal.]

Dr. Flint has tendered his resignation as Professor of Surgery in the Louisville Medical Institute, and we learn that it has been accepted. They are now looking out for some one to fill his place. Dr. Gross, of Cincinnati, will doubtless be appointed.

A new medical school has been organized at St. Louis—a medical department of Kemper College—with Dr. McDowell at its head. The other professors elect, we learn, are Dr. Harrison, of Cincinnati; Dr. Hall, Dr. De Wolf, and Dr. Moore. Dr. Harrison has declined accepting his appointment.

A pathological society was formed at Cincinnati on the 12th of May. Dr. Gross is president.

Dr. Oliver has been appointed Professor of Theory and Practice in the Ohio Medical College, and in case of his acceptance, Dr. Kirtland, who now holds the chair, will be transferred to that of Mat. Medica, vice Dr. Wright transferred to the chair of Obstetrics, vice Dr. Moorehead resigned. This school appears to be in a very fair condition, and we hope, for the honor of the city of Cincinnati as well as of the State, that it will flourish.

And here we may say a word or two respecting the neighboring schools. Transylvania is erect. Her character is established, and nothing but internal war can injure her reputation. The Institute at Louisville is not, at this time, in a well-settled state. We hope, however, that by next session she will have a full faculty, and that she will go ahead without

any further difficulty; but we must be allowed to express our fears that her troubles have only commenced.

The demand for Dr. Gross's work on Pathological Anatomy far exceeds the supply. Hundreds have applied for it in this city, who have not obtained it.

Dr. Mussey has performed a second Rhinoplastic operation in Cincinnati, but not with success. The patient was a young lady of 18 or 20. Adhesion could not be effected, and the section of flesh, taken from the arm, sphacelated.

The Ohio and Mississippi rivers have both been very high for several weeks past, and it is feared the country adjoining them will be quite sickly the ensuing summer and autumn.

Prof. Espy delivered a course of lectures, last week, in the Cincinnati College, which were very well attended. His theory of storms, &c. &c., is very well received in the West.

Dr. Combe spent a few days with us in April, but left without delivering a single lecture, or making any acquaintance with the medical gentlemen of the city. We cannot tell why the doctor was so reserved. We understood that he stated to a gentleman in private conversation, that to lecture to a Cincinnati audience on phrenology would be like throwing pearls before swine. There is some ground for such a conjecture. The times are very hard here—everything is under the weather, and phrenology has gone out of fashion. Notwithstanding all these things, we believe that *Dr. Combe* could have drawn a crowded house as often as he would have lectured.

The Western Journal of Medicine and Surgery, which was suspended in consequence of the late disturbances in the school at Louisville, is about being revived. How long it will live is uncertain. It seems a matter of impossibility to carry on a western Medical Journal, and one great reason of the difficulty (according to publishers) is the constant failure of physicians to meet their bills. W. J. B.

Cincinnati, Ohio, May, 1840.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 27, 1840.

TRANSACTIONS OF THE NEW YORK MEDICAL SOCIETY.

Part III. of Vol. 4, has been published, and the receipt of a copy, from the Society, is gratefully acknowledged. There is a degree of finish about this series of reports, highly creditable to the gentlemen who arrange the various papers. We notice a continuation of Prof. Beck's very valuable statistical tables of the Medical Colleges of the United States, which must have been the result of much labor. The whole profession are under peculiar obligations to him. We hardly know which to admire most, the author's perseverance or accuracy of detail. The next paper of special interest, is a report on the subject of medical education, which will re-

ceive further attention at a convenient time. Next, is a prize dissertation on diseases of the spinal column, their causes, diagnosis, history, and best mode of treatment, by Nathan S. Davis, M.D., of Binghampton, N. Y. We have not yet had sufficient opportunity for a thorough examination of its contents.

Lowell Hospital.—Within a few months an institution has been organized in Lowell, for the benefit of the operatives of that great manufacturing city. Its location is represented to be excellent, and since the appointment of Dr. Kimball to the office of resident surgeon, it is presumed that patients are received upon the plan of other hospitals. Somehow we have failed in procuring a plan of the Lowell hospital, and if some medical gentleman residing there will oblige us with its statistics the favor shall not go unrequited.

Vacant Professorships.—Very many appointments must necessarily be made in several States, in order to fill the vacant medical chairs before the next lecture season commences. No little curiosity is beginning to be manifested, to know who the fortunate gentlemen may be who are to be suddenly elevated to public notice. We are pretty sure that the distinction of being selected for one college will fall upon a Boston physician, who is eminently well qualified to give character to the situation for which his services are sought.

Prolapsus Uteri.—Notice is given to the profession that Messrs. Francis & Bartlett, 16 Howard street, have permanently established themselves to attend to their orders for Chapin's instruments for the relief of prolapsus uteri. This complaint often costs the medical attendant more trouble than even acute and dangerous diseases—but with this instrument, says a correspondent, the physician can afford them such well-adapted mechanical support, as to give effectual relief to those many distressing sensations which destroy all the comforts of existence. The support given is founded on the anatomy of the parts—applied so as to press upwards and backwards, compressing the lower portion of the abdomen, thus making its pressure where patients complain of the most pain and weakness. The agents invite a trial of these instruments by the faculty, among whom, as yet, there is but a single, uniform opinion of their high value. As Messrs. Francis & Bartlett will make a permanent residence in Boston, gentlemen can at any time order such supporters as their different cases may require, which has long been a desideratum in the city.

Eunuchs.—At Kordofan, the emasculating operation is carried on to a prodigious extent, according to Mr. Holroyd, who visited Egypt in 1838. The brother of the late king of Darfoor, in Africa, receives a pension from Mahomed Ali for supplying his harems with eunuchs. No less than 150 boys are annually emasculated by that wretch, and as many more by others in the same place. At Est-ioot, only a few days journey from Cairo, where the Pacha is visiting, says Mr. Holroyd, "Whilst I am writing, the slaves from Darfoor are submitted to similar brutalities for the purpose of enhancing their value; a circumstance with which Mahomed Ali must be

thoroughly acquainted, but which he openly sanctions with unblushing effrontery and apathetic indifference." So much for the civilization and regeneration of Egypt under the sovereign authority of this modern despot.

On Thread Setons. By JONATHAN OSBORNE, M.D., Dublin.—The ordinary seton, although a measure of great value, when it is desired to keep up a permanent counter-irritation, is yet often attended with much unnecessary pain and inconvenience. Especially in the nape of the neck, the size of the strap of threads or of gum elastic introduced into the opening is productive of general discomfort and teasing, not well calculated to diminish a tendency of blood to the head, but rather the contrary. I have adopted a plan which will be found better suited to many of such cases. It is to make a seton with an ordinary sewing needle of the thickest kind, and one thread of oiled silk. This is passed through a piece of the skin held between the finger and thumb, about six inches of the thread being allowed to remain. In twenty-four hours considerable redness comes on, and in a few days a purulent discharge is set up, much more in quantity than a comparison between the size of it and of the ordinary seton might lead to expect. The opening gradually enlarges, and no doubt in process of time, like the perforation made in the ears for ear-rings, assumes the function and secretion of a mucous membrane. The trifling degree of pain, however, inflicted by the operation enables us to multiply these setons, and to substitute new for old ones; so that I think it is evident, that in this way a greater discharge and a more efficient counter-irritation may be maintained, with less inconvenience than by the ordinary setons, and in places where the former would be impracticable.—*Dublin Journal.*

Statistics of Insanity in France.—During the last 8 years 1045 insane patients were received into the Lyons Hospital. Of these, 503 were males, and 542 females. The various causes of insanity, amongst the patients, were as follows:—

FEMALES, 542. *Physical.*—Hereditary disposition, 56; drunkenness and debauchery, 43; puerperal accidents, 45; disordered menstruation, 25; venereal disease, or mercury, 5; retrocession of cutaneous affections, 23; onanism, 17; injuries of the head, 3; solitary confinement (*isolation*), 6.

Moral.—Domestic afflictions, 65; poverty, 47; loss of fortune, 34; love and jealousy, 33; fright, 8; religion, 29; politics, 11.

MALES, 503. *Physical.*—Hereditary disposition, 62; drunkenness, 54; apoplexy, 25; onanism, 21; syphilis, or mercury, 5; injuries of the head, 6; solitary confinement, 9; retrocession of cutaneous diseases, 14.

Moral.—Domestic trouble, 65; poverty, 56; loss of fortune, 36; politics, 16; jealousy, 14; religion, 12; fright, 6; excessive study, 8.

Of the 542 females, 114 were discharged perfectly cured; 91 were withdrawn by their friends, improved; 162 died; 175 remained in hospital on the 1st of June, 1839. Of the 503 males, 149 were cured; 61 withdrawn; 158 died; and 135 remained in hospital. Hence the proportion of cures for the females, was 1 in 5; and for the males, something more than 1 in 5.—*Gaz. Med.*

On the Treatment of Dysentery with Albumen. By M. SAUCEROTTE, Physician to the Hospital at Lunéville.—The dysentery which annually

attacks a considerable number of men of our garrison, affected only thirteen in the months of October and November, 1838; and ten in those of August and September, 1839. I employed in some of these cases the albuminous method of treatment recommended by MM. Bodin de la Pichonnerie and Mondière. Comparatively with those by the ordinary method (by antiphlogistics and opiates), the results obtained by it were really of the most striking kind. My own experience and that acquired by others in the hospital shows that when the disease is at all severe, it generally lasts two or three weeks, sometimes becomes chronic, or terminates in death; besides this the reiterated application of leeches causes severe pain, the administration of enemata is continually attended with much difficulty, the convalescence is prolonged and attended with extreme weakness when the disease is not stopped during the first week. Judging from the cases I have observed, the albuminous treatment is attended with precisely contrary effects—rapid cessation of the symptoms, quick convalescence, and recovery of strength, while the administration is attended neither with pain nor any sort of inconvenience.

[The albumen was exhibited both as a ptisan and in enemata, according to the formula of M. Mondière, and eight cases are related (some, however, with ludicrous brevity) in support of the above emphatic encomiums. In some of the cases there was undoubted inflammation of the large intestine; in all, frequent, bloody stools, tenesmus, &c.]—*Gaz. Medicale.*

New Form of Blister.—M. Trousseau speaks highly of a form of blister which he has recently invented, or rather modified from the English preparation. An æthereal extract of cantharides is obtained from the action of sulphuric æther on the powder of Spanish flies. Portions of blotting paper of various sizes are imbibed with this extract, and form so many blisters. From numerous experiments, M. Trousseau found that this preparation produced vesication in about eight hours and a half, a time much shorter than any other blister will act in. The new blistering paper is more readily prepared than the common bilsters; is much more clean, is portative, and does not cost more. Papers may also be prepared with the extract of cantharides, for the purpose of keeping blistered surfaces open. Thus 1-10th, 1-15th, 1-20th, or 1-25th parts of the extract may be mixed with one of yellow wax, and spread upon paper.—*Medico-Chirurgical Journal.*

Paralysis and Neuralgia.—M. Magendie is much in the habit of employing electricity in the treatment of these affections. He has recently cured two young persons affected with facial hemiplegia, by electricity communicated to the nerves through means of platina wires. In experimenting, M. Magendie remarked that the branches of the seventh pair, although paralysed, still conserved their sensibility; and hence concludes that the latter is derived from the branches of the fifth pair which anastomose with it. M. Roux having remarked that he had lately cut all the branches of the seventh nerve, but that the pain returned in other nervous filaments, M. Magendie related the following case:—

A lady placed herself under his care for facial neuralgia, from which she had suffered incessantly for the last five years. The pain passed from one branch of the fifth nerve to another, but was always constant.

On the first day of treatment it occupied the inferior maxillary nerve; as soon as the electric current was established, the pain passed to the tongue. M. Magendie fixed a needle in that organ, and the pain immediately passed to the sub-orbitar branch. In short, it successively occupied the various branches of the fifth pair, but was always dislodged, and a cure was finally effected.—*Ibid.*

Medical Miscellany.—Dr. Pollard has opened the Tremont House, at Natchez, for the reception of the wounded and maimed, who were injured in the late dreadful tornado which passed over that city. Dr. Taliaferro was dug out alive from the ruins of the Steamboat Hotel, after the storm subsided.—A tooth of a mastodon, weighing six and a half pounds, in a fine state of preservation, was recently dug up near the Osage river, Mo. —Dr. S. P. White, of New York, successfully trepanned a boy, the last week, under peculiar circumstances.—The Mass. Med. Society meet this day—annual meeting at the Temple, and dine at the United States Hotel. To-morrow the Council will elect a president, vice president, and other executive officers, by ballot.—A machine has been constructed in Boston for manufacturing pills, which makes 64 by one revolution of the crank that propels the wheels. By simply turning two thumb-screws, they may be made to weigh from three to ten grains each, just as the operator desires.—Dr. Flint has again cut for the stone, at Louisville, Ky., very successfully. The patient was a young man from Indiana. The stone was two and half inches in diameter, and weighed upwards of two ounces. There was neither laceration nor much hemorrhage.—What has become of the patent *alleviator*, about which there were many commendations some three years ago? It was a frame, within which various slings were attached to rollers, so that a patient might be raised from a bed or conveyed from one apartment to another, even in cases of fractures or dislocations. —Pepper is again much praised for its efficacy in gonorrhœa, as well as in some other seminal complaints.—Mr. Call's Peruvian tooth powder is likely to become very celebrated. Since he makes no secret of the composition, no one is afraid to use it, as it contains nothing which chemically injures the teeth, and he is well known as a practical and scientific druggist.—Dr. Miner returned from England last week.—Dr. A. Courtenay, of the English Royal Navy, states in the Lancet, that he has attended 1127 cases of midwifery, and has invariably found that, other circumstances being equal, those mothers who never tasted malt liquors, wine or spirits, during and subsequent to the period of labor, have had the easiest labors, the earliest recoveries, and the best health afterwards. The offspring of such mothers have, also, been more free from disease than others.

To Correspondents.—An account of Dr. Warren's recent rhinoplastic operation will be inserted in our next No., and in the succeeding one will be published Dr. King's Fiske Fund Prize Dissertation.—Several shorter communications, now on hand, will be inserted as space will admit. Among them are a second and more particular report of a case of mollities ossium, a case of the destruction of the descending vena cava, and one of a tumor of the uterus.

Number of deaths in Boston for the week ending May 23, 35.—Males, 15—females, 20.—Stillborn, 4.
Of consumption, 8—delirium tremens, 1—hooping cough, 3—worm fever, 1—canker in bowels, 1—rheumatic fever, 1—cancer, 1—disease of the lungs, 1—lung fever, 3—smallpox, 3—scarlet fever, 1—sudden, 2—inflammation of the bowels, 5—dropsy, 1.

MASSACHUSETTS MEDICAL SOCIETY.

THE annual meeting of the Massachusetts Medical Society will be holden at the Temple, Tremont Street, on Wednesday, 27th inst., at 10 o'clock, A. M. The annual discourse will be delivered at 1 o'clock, P. M., by Abel L. Peirson, M.D., of Salem. Literary gentlemen interested in medical science, and students of medicine, are respectfully invited to attend. Dinner at 1-2 past 2, at the United States Hotel, opposite the Boston and Worcester Rail-road Depot.

A stated meeting of the Counsellors will be held on the day following, at the Society's room, Athenæum buildings, Pearl Street, at 10 o'clock, A.M.

S. D. TOWNSEND,
Recording Secretary.

May 13—3t

TO PHYSICIANS.

A PHYSICIAN located within an hour and a half's ride of Boston, by rail-road, and having a practice of more than $1000 per annum, with a good prospect of increasing it, offers his situation for sale. Information may be had by addressing the editor, post paid. M. 13—

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructers.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

ANATOMY.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

SURGERY.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

CHEMISTRY.—Recitations and instructions by Dr. Storer.

PHYSIOLOGY AND PATHOLOGY.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

MIDWIFERY.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, Nov. 20, 1839. ep1meop6m

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—tf

NEW MEDICAL WORK.

Published by Charles C. Little and James Brown, Booksellers, No. 112 *Washington street, Boston.*

PRINCIPLES OF THE THEORY AND PRACTICE OF MEDICINE, by Marshall Hall, M.D. First American edition, revised and much enlarged, by Jacob Bigelow, M.D., and O. W. Holmes, M.D. 794 pages, 8vo. This English work, by an author of great celebrity, has been revised and augmented with new matter adapting it to the present state of medical science, by the American editors. It appears from the advertisement, that one third of the entire volume is written by the editors. The following are some of the opinions of the American press in regard to this edition.

"We would unhesitatingly pronounce it the best and most complete text-book for the study and practice of medicine. It is full of facts, well arranged and digested, and free from the endless repetitions, and diffuse, ill-digested matter which are often introduced into treatises upon medicine. The present state of the science is reached in almost every instance."—*Philadelphia Medical Examiner.*

"A summary of the best medical knowledge of the present day, exhibiting, in general, able and correct views of the most important results of recent investigations in all the varieties of disease."

"We know not where else so clear and intelligible an exposition of *auscultation* and *percussion* can be found."—*American Journal of Medical Sciences (Philadelphia).*

"It strikes us, after a patient examination, that no practitioner who has once had this book in his possession would know how to dispense with it. The editors, or in fact authors, appear to have wholly prepared the *first* part, a most excellent and indispensable addition to the original text. Throughout the entire volume the additions they have made are readily recognized, and form an essential feature in the construction of the American edition. To students of medicine especially we recommend this edition as being superior to any other work extant for them."—*Boston Medical and Surgical Journal.*

March 11—6m

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